

APPLICATION FOR A WAIVER of APPENDIX B FOR PROFESSIONAL EXPERIENCE Final Placement – information collection

Application to complete your final placement in a school in which you are employed.

Link to NESA website re Waiver of Appendix Waiver B

		of Appendix Walver B		
Student Details				
Name:				
Student Nu	ımber:			
Email:				
Course Na				
Professional Experience Subject				
	iding Semester:			
NESA Conditional Number/Permission to Teach Number:				
(Copy of Contract of Employment and Copy of NESA documentation/Permission				
to Teach to be attached)				
LANTITE results showing standards met uploaded to InPlace:				
Site Details				
Name of School (employed at):				
School Address:				
Name of Professional Experience Coordinator:				
Email Address of Professional Experience Coordinator:				
Name of Principal:				
Email address of Principal:				
Provide details of the subject and year below. For example, if secondary – note subject and year group for each (i.e Year 7 Mathematics). Additionally, provide a copy of your current teaching timetable.				
List of Schools where previous placements have been				
completed. (Attach a copy of each of your School				
Professional Experience Placement Reports):				
Verification of Information by Workplace Learning				
Coordinator:				
Attachment Checklist				
Cont	ract of Employment		Teaching timetat	ole for the proposed Waiver B
NES	A documentation/Perm	ission to Teach		ional Experience Reports
Sign	Signed Application for a waiver of Appendix B of the NESA Professional Experience Policy by Principal and			

Professional Experience Coordinator

Please forward completed documentation and all necessary attachments to FOAE-WPL@csu.edu.au using the following subject line: Name- EPT Code- Waiver B- Suburb or City of placement

For Example: Jessica Rabbit - EPT522-Waiver B - Redfern OR Jacob Bunny - EPT452 - Waiver B - Wagga Wagga